

United States District Court  
Eastern District of Wisconsin

5830 S. Indiana Ave  
Cudahy WI 53110

5-29-75

John Bernard Jackson  
(Full Name of Plaintiff or Plaintiffs)

vs

MAYO CLINIC  
HEALTH SYSTEM  
FRANCISCAN HEALTH CARE  
LACROSSE, WI  
(Full Name of Defendant or Defendants)

U.S. DISTRICT COURT  
EASTERN DISTRICT-WI  
FILED

2012 AUG -9 A 9 47

JON A. SANFILIPPO  
12-0812

No.

(Supplied by Clerk)

COMPLAINT

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court relating to the same occurrence involved in this action?

☐ YES

☒ NO

B. Have you begun other lawsuits in state or federal court?

☐ YES

☒ NO

C. If your answer to A or B was YES, provide the requested information below. If there is more than one lawsuit, describe each additional one on a separate sheet of paper, using the same outline.

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court in which lawsuit brought (if federal court, name district: if state court, name the county) \_\_\_\_\_

3. Docket number \_\_\_\_\_
4. Current status (for example: Was the case dismissed? Was it appealed? Is it still pending)? \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Approximate date of disposition \_\_\_\_\_

**II. PARTIES**

A. Your name (PLAINTIFF) John Jermaine Jackson

B. Your Address 5830 S. Indiana Ave

(If there is more than one plaintiff, use the margin for extra space if you need it. List the address only if it is different from the address listed above).

C. DEFENDANT (name) ~~Francisco~~ FRANCISCO HEANEY

D. Defendants address 700 West Ave South  
Lacrosse WI 54601

E. Additional DEFENDANTS (names and addresses) \_\_\_\_\_

**III. STATEMENT OF CLAIM (follow instructions carefully)**

State briefly as possible the essential facts of your case. Tell what each defendant did to you that caused you to file this suit against them. If you are complaining about more than one wrong, use a separate numbered paragraph for each wrong, and describe each wrong in that paragraph and only that paragraph. State only the facts. Do not give any legal theories or arguments, do not cite any cases or statutes. Do not feel you have to use all the space. USE NO MORE THAN THE SPACE PROVIDED. THE COURT STRONGLY DISAPPROVES OF STATING CLAIMS OUTSIDE THE SPACE PROVIDED.

Begin statement of claim: I WAS TREATED BY YOU AGAINST  
MY WILL AND HAD LIFE DAMAGES DONE  
TO ME ~~BY~~ 2004. FROM YOU INSTALLING THINGS  
INTO ME.

2) CIVIL RIGHTS (AID) HAS BEEN TAKEN FROM  
ME.

STATEMENT OF CLAIM CONTINUED

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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#### IV. RELIEF YOU REQUEST

State exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. DO NOT USE THIS SPACE TO STATE THE FACTS OF YOUR CLAIM. USE IT ONLY TO REQUEST REMEDIES FOR THE INJURIES YOU COMPLAIN ABOUT. Use only the space provided. The court strongly disapproves of requesting remedies outside the space provided.

I thought of only one Remedies and that was to settle out of court for nothing less than \$62 Billion Dollars when I request paid no later than (10) Business Days of receiving the notice that I will be taking them to court and suing for \$75 Billion Dollars And would ask the jury, court to state I be paid the full amount (within) 72 hours when court is over. I can only be reach by mail. I will ask 2 be met at Downtown Library on way to sign papers.

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 08 day of AUG, 2012.

John J. Jackson  
(Signature of Plaintiff(s))